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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	291/US
First Inventor	Vianello
Title	Novel Substituted Benzoxazines As Integrin Antagonists
Express Mail Label No.	EJ482621530US

APPLICATION ELEMENTS		ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>		
3. <input checked="" type="checkbox"/> Specification <i>[Total Pages</i> <input type="text" value="1"/> <i>]</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>	a. <input type="checkbox"/> Computer Readable Form (CRF)	b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul>	c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input type="checkbox"/> Drawing(s) <i>(35 U.S.C. 113)</i> <i>[Total Sheets</i> <input type="text" value="1"/> <i>]</i>			
5. Oath or Declaration <i>[Total Pages</i> <input type="text" value="2"/> <i>]</i>			
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))		
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input checked="" type="checkbox"/> Power of Attorney		
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
13. <input type="checkbox"/> Preliminary Amendment			
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
17. <input type="checkbox"/> Other:			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label   
 or  Correspondence address below  
 (Insert Customer No. or Attach bar code label here)

Name	Rachel A. Polster				
	Corporate Patent Department				
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City	St. Louis	State	MO	Zip Code	63167
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Name (Print/Type)	Rachel A. Polster	Registration No. (Attorney/Agent)	47,004
Signature		Date	August 8, 2001

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

\$1,291.00

## Complete if Known

Application Number	
Filing Date	August 8, 2001
First Named Inventor	Vianello
Examiner Name	
Group Art Unit	
Attorney Docket No.	291/US

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **19-1025**

Deposit Account Name

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 Applicant claims small entity status. See 37 CFR § 1.27

2.  Payment Enclosed:

 Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101	710	201 355 Utility filing fee	<b>710.00</b>
106	320	206 160 Design filing fee	
107	490	207 245 Plant filing fee	
108	710	208 355 Reissue filing fee	
114	150	214 75 Provisional filing fee	
SUBTOTAL (1)			<b>\$710.00</b>

## 2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims <b>18</b>	-20** = <b>0</b>	X <b>0.00</b> = <b>0.00</b>
Independent Claims <b>3</b>	-3** = <b>0</b>	X <b>0.00</b> = <b>0.00</b>
Multiple Dependent		

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
103	18	203 9 Claims in excess of 20	
102	80	202 40 Independent claims in excess of 3	
104	270	204 135 Multiple dependent claim, if not paid	
109	80	209 40 ** Reissue independent claims over original patent	
110	18	210 9 ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			<b>\$0.00</b>

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non - English specification	
147	2,520	147 2,520 For filing a request for <i>ex parte</i> reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	390	216 195 Extension for reply within second month	
117	890	217 445 Extension for reply within third month	
118	1,390	218 695 Extension for reply within fourth month	
128	1,890	228 945 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,240	241 620 Petition to revive - unintentional	
142	1,240	242 620 Utility issue fee (or reissue)	
143	440	243 220 Design issue fee	
144	600	244 300 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR § 1.17(q)	
126	180	126 180 Submission of Information Disclosure Statement	
581	40	581 40 Recording each patent assignment per property (times number of properties)	<b>581.00</b>
146	710	246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

**\$581.00**

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Rachel A. Polster	Registration No. (Attorney/Agent)	47,004	Telephone	636-737-5761
Signature	<i>Rachel A. Polster</i>			Date	August 8, 2001

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**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**

Applicant(s): Vianello, Bandiera, Varasi et al.

Docket No.

291/US

Serial No.

Filing Date

August 8, 2001

Examiner

Group Art Unit

Invention: NOVEL SUBSTITUTED BENZOXAZINES AS INTEGRIN ANTAGONISTS

I hereby certify that this Declaration*(Identify type of correspondence)*

is being deposited with the United States Postal Service as first class mail in an envelope addressed to: The

 Assistant Commissioner for Patents, Washington, D.C. 20231 on August 8, 2001  
*(Date)*Rachel A. Polster*(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***Note:** Each paper must have its own certificate of mailing.